

NI3 MENTOR PROGRAM APPLICATION

A. PRIMARY CONTACT INFORMATION

Name of Contact:	Phone:
Title:	Fax:
Address:	Email:

B. BUSINESS INFORMATION

a) Business Name:	Mentor District :
b) Statement of Qualifications (150 words max):	
c) Specialized Education/Training/Unique Qualifications (150 words max):	
d) Top three (3) accomplishments in relevant work experience:	
1	
2	

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3	
e) References for three (3) examples listed above:	
f) Three (3) most relevant mentorship experiences:	
1	
2	
3	

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g) References for three (3) examples listed above:

h) Three (3) specific areas where young companies need the most help:

i) Top three (3) lessons learned in product development, scaling operations:

j) Pricing:

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k) Awards

l) Summary of judgements or pending lawsuits or actions.

m) Notes:

SUPPLEMENTAL INFORMATION

Include as attachments all other relevant material to be considered – resume, website information, work samples, patents, testimonials, case studies, etc. The additional material should not be a comprehensive summary of the business, but instead should help the selection committee better understand the consultant's area of expertise, and demonstrate the diversity of experience, capabilities, and qualifications.

Please limit attachments to **five** pages.

RESPONSIBILITY OF APPLICANTS

Applicant is advised that in order to be awarded a contract under this solicitation, **Applicant will be required, to be compliant with all laws governing entities doing business in the State.**

Refer to the Section 5.4.1 for instructions to register for Hawaii Compliance Express (HCE) utilized for verification of compliance.

PROPOSAL FORMS AND CONTENTS

Applicant shall refer to Section 3.3 for more information on additional forms required for submission and organization of proposal.

PROPOSAL SUBMISSION

Applicant shall refer to Section 3.4 for more information on requirements for proposal submission.